



**Meeting Notes  
Vasquez Boulevard/I-70  
Community Health Outreach Planning  
February 12, 2004**

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DOCUMENT**

The meeting focused on a presentation by Margaret Schonbeck, CDPHE, regarding the preliminary results of the Kids At Play Health Study (KAPH), conducted in the summer and fall of 2002.

Prior to this presentation, there was a brief discussion of the purpose of the biomonitoring to be conducted as a part of the Community Health Plan. Celia VanDerLoop stated that the current understanding from the steering committee was that the purpose of the biomonitoring is to provide a community service during the remedy implementation. She stated that the steering committee understood that further discussion was needed of the issue, and invited attendees to attend the next steering committee meeting. Dr. Kosnett stated that he understood the ultimate purpose of the data are to see whether RAOs are met. There also was a brief discussion regarding use of the data: can the data be shared. In general, it was stated that if the biomonitoring was done as a private medical service, there are limits on data. If the biomonitoring is a surveillance program, there will be a need to address special requests and confidentiality issues, but still can share data. We agreed to work to decide the purpose of the study as soon as possible.

The remainder of the meeting was taken up by Margaret Schonbeck's presentation, summarized briefly below. Please note that these minutes are a brief summary from notes taken at the meeting. As Ms. Schonbeck was providing preliminary results, any facts or conclusions below are preliminary in nature. They are not intended to represent all of the information Ms. Schonbeck presented. They may not be completely accurate. The study report should be relied upon for accurate information.

The field work for the KAPH study was conducted in 2002. The study currently is in peer review. Peer review should be done in 2 months or so. The final document may not be available for 3 months or so.

During the study, KAPH had 16-20 field staff going throughout the neighborhoods. The field staff contacted approximately 4900 homes, and received responses from over 4000. The difference is made up of homes where families weren't eligible because no children or older children.

Ms. Schonbeck gave a brief overview of the purpose of study:

- Recommendation of ATSDR's PHA was to conduct soil exposure investigation
- Provide further information on what is pica behavior
- Why is pica behavior a concern at VB/I70
- Provide information on exposure to arsenic and lead contamination
- Provide a mechanism for quantifying ingestion pathway

The study design consisted of:

Questions, responses, and preliminary conclusions:

- Residency was about 2 years on average.
- Did not ask if child had lived in Mexico, yet did ask if had been in Mexico recently.
- Dirt eating behavior - any kind of dirt - did you ever see your child eating dirt - yes - 21%, no 79%.
- The days since last eating dirt- the majority were in the last 3 week period prior to questionnaire administration
- Less than 5% of blood test results are greater than 10
- Report recommends that we do on-going blood lead monitoring
- No difference in % of children between 5-10 ug/dl
- Had no elevated arsenic levels, except 1, preliminarily that 1 is dietary
- Urine arsenic and blood lead are not coming from the same source.
- Had subgroup of arsenic testing where did 60 hair and urine - included all of the children that had somewhat elevated results on originals, controls, did 20,20,20.
- Didn't have anyone refuse hair sampling - these were a subset of people that already had given samples.
- Blood lead concentrations similar to those reported in other urban areas with houses painted with lead-based paint.
- Blood lead levels did not correlate with the subgroup that had eaten dirt
- Soil contact has not resulted in unusually high arsenic exposures.
- Preliminarily, nothing correlated with lead levels
- 85% participation - toys as incentives, community involvement, many repeated calls
- Hygiene/face-washing is most important in terms of behavior change.